DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 7/08/17 20th 8/02/17

PRINTED: 05/30/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	446238	A. BUILDING _____ B. WING _____	05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF TULLAHOMA	1715 N JACKSON ST TULLAHOMA, TN 37388

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 441 SS=D	483.60(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS (a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2); (2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism	F 441	F-441 A. What corrective action(s) will be accomplished for those residents found to have been affected: Education was provided on 5-24-17 by Interim Director of Nursing to CNA who did not wash or sanitize hands after having contact with contaminated surface and returning to feeding task. B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were affected by this deficient practice by CNA who had contact with contaminated surface and failed to wash or sanitize hands. C. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur? All nursing staff will be educated on handwashing/ sanitizing of hands after coming into contact with contaminated surfaces by Interim Director of Nursing and Unit Coordinator by 6/13/17. Audits of hand washing/sanitizing will be conducted by Registered Dietitian, Certified Dietary Manager, Interim Director of Nursing, and Unit Coordinators daily times one week. Then weekly for one month. Then monthly until 100% compliant on observations . Executive Director, Interim Director of Nursing, Director of Environmental Services will audit the current place hand gel dispensers in all dining areas and make recommendations for improvement by 6/13/17.	5/24/17 5/24/17 6/13/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Executive Director 6-9-17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	Continued From page 1 involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. (4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. (e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. (f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation, and interview, the facility failed to use proper hand washing/hand sanitizing techniques between resident care functions in 1 of 4 dining areas observed. The findings included: Review of the facility policy, Hand Washing, revised 11/16 revealed "...Staff washes hands as necessary to remove contamination...handling soiled equipment...after engaging in other	F 441	D. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Interim Director of Nursing will report findings to Personal Improvement committee monthly. Personal Improvement committee includes but is not limited to: the Executive Director, Medical Director, Director of Nursing, Director of Marketing, Pharmacist, Director of Admissions, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Maintenance, Business Office Manager, Health Information Manager, and Staff Development Coordinator. Personal Improvement committee will make recommendations as needed.	6/22/2017

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F 441	Continued From page 2 activities that contaminate the hands,.. Observation on 5/24/17 at 7:60 AM, in the East Wing Day Room revealed Certified Nursing Assistant #1 (CNA) feeding a resident. Continued observation revealed CNA #1 left the resident she was feeding and walked over to another resident. Continued observation revealed CNA #1 reached down and adjusted the electric wheel chair pedal to the down position, then returned to feeding the first resident without washing or sanitizing her hands. Observation of the wheel chair pedal revealed a large amount of unidentified debris. Interview on 5/24/17 at 7:55 AM with CNA #1 in the East Wing Day Room confirmed she should have washed her hands after touching the pedal and before returning to feeding the resident. Interview with the Director of Nursing on 5/24/17 at 8:30 AM, in the conference room confirmed the CNA should have washed her hands after adjusting the wheel chair pedal. Continued interview confirmed the facility had not maintained infection control practices during the meal service.	F 441		